IN THE UNITED STATES DISTRICT COURT THE NORTHEN DISTRICT OF ILLINOIS EASTERN DIVISION

S. JAIN, for herself, and as parent of and)	
for her son "A", a minor,	MOTION FOR LEAVE TO
Plaintiffs,)	WITHDRAW
)	
vs.)	
)	Case Number: 1:17-cv-00002
BUTLER ILLINOIS SCHOOL)	Hon. Ronald A. Guzman, U.S.D.J.
DISTRICT 53,	Hon. Sidney I. Schenkier, U.S. Mag.
Defendants.)	,
)	

MOTION FOR LEAVE TO WITHDRAW

I request leave to withdraw as the attorney of record for the Plaintiffs. A serious conflict of interest has recently arisen between my client and despite my efforts for more than a week to have it resolved, my client has refused and declined to do so. I have also now been accused of wrongdoing. Accordingly, I am unable to ethically to continue to represent them under the circumstances and request leave to withdraw. I also request to appear by telephone if my appearance is required.

Respectfully submitted,

September 22, 2017

Richard P. Caro

Richard P. Caro, Esq.

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312-561-4171, Cell 312-375-1415

CERTIFICATE OF SERVICE

Richard P. Caro hereby certifies that he did on September 22, 2017, serve the Plaintiffs' Motion for Leave to Withdraw and Notice of Entry was given automatically to all parties by the Court and I have served Plaintiffs with this motion by email also on September 22, 2017:

Matthew Henderson, Esq. Hinshaw &Culbertson LLP mhenderson@hinshawlaw.com

Lucy Bednarek, Atty. Ancel Glink Diamond Bush DiCianni & Krafthefer Lbednarek@ancelglink.com

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S. Jain fedlawsuit@gmail.com

Dated: September 22, 2017

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312-561-4171, Cell: 312-375-1415

Case Number:

United States District Court Northern District of Illinois

Notification of Party Contact Information

Directions: This form must be attached to a motion to withdraw from a case when no other attorney of record has been noted on the docket. A completed form must be electronically filed as an attachment to the motion to withdraw. The address and telephone number of your client must be completed on this form to enable the Court to contact your client in the future if the motion to withdraw is granted.

Case T	itle:	
Judge		
Name	of Attorney submitting the motion to withd	lraw:
Name	of Client:	
Mailir	g address of Client:	
City:	State:	
Zip:	Telephone Number:	
I attes knowl	that the above information is true and coredge.	rect to the best of my
Signed:		
Date:		